



# 28 GR  
B-1-04  
BS

I hereby certify that this correspondence is being deposited with the United States Postal Services on the date set forth below as First Class Mail in an envelope addressed to: The Assistant Commissioner For Patents, Washington D.C. 20231.

Date of Signature

And

Deposit

5-17-04

Michael A. Jaskolski Reg. No. 37,551

RECEIVED

AUG 20 2004

OFFICE OF PETITION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carlos De La Huerga  
Serial No.: 09/247,349  
Filed: February 10, 1999  
Title: METHOD AND SYSTEM FOR AUTOMATED DATA STORAGE AND RETRIEVAL  
Art Unit: 2771  
Docket: 250591.90112

Mail Stop Issue Fee  
Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

CORRECTION OF FILING DATE

Dear Sir:

The above-referenced patent application was initially filed on February 10, 1999. The initial Filing Receipt for this case, a copy of which enclosed herewith, indicated that the filing date in fact was February 10, 1999. Partway through prosecution of this application the Examiner began to use the incorrect filing date of May 3, 1999. Applicant requests that the filing date on the issued patent correctly reference February 10, 1999.

Please call Applicant's attorney identified below if you have any questions or require additional information to correctly identify the filing date on the issued patent.

Respectfully submitted,

CARLOS DE LA HUERGA

Date: 5-17-04

By:

Michael A. Jaskolski

Reg. No. 37,551

Attorney for Applicant

QUARLES & BRADY, LLP

411 East Wisconsin Avenue

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/247,349	02/10/99	2771	\$1,408.00	250591.90112	30	43	6

MICHAEL A JASKOLSKI  
QUARLES & BRADY  
411 EAST WISCONSIN AVENUE  
SUITE 2550  
MILWAUKEE WI 53202-4497

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

CARLOS DE LA HUERGA, MILWAUKEE, WI.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 08/727,293 10/09/96 PAT 5,895,461  
PROVISIONAL APPLICATION NO. 60/023,126 07/30/96  
WHICH IS A CIP OF 08/871,818 06/09/97 PAT 5,903,889

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/02/99  
TITLE  
METHOD AND SYSTEM FOR AUTOMATED DATA STORAGE AND RETRIEVAL

PRELIMINARY CLASS: 707

RECEIVED

JUL 06 1999

DATA ENTRY BY: DILLON, LAWANDA TEAM: 03 DATE: 06/28/99

1 (PUBLISHED) 2 (PUBLISHED) 3 (PUBLISHED) 4 (PUBLISHED) 5 (PUBLISHED) 6 (PUBLISHED) 7 (PUBLISHED) 8 (PUBLISHED) 9 (PUBLISHED) 10 (PUBLISHED) 11 (PUBLISHED) 12 (PUBLISHED) 13 (PUBLISHED) 14 (PUBLISHED) 15 (PUBLISHED) 16 (PUBLISHED) 17 (PUBLISHED) 18 (PUBLISHED) 19 (PUBLISHED) 20 (PUBLISHED) 21 (PUBLISHED) 22 (PUBLISHED) 23 (PUBLISHED) 24 (PUBLISHED) 25 (PUBLISHED) 26 (PUBLISHED) 27 (PUBLISHED) 28 (PUBLISHED) 29 (PUBLISHED) 30 (PUBLISHED) 31 (PUBLISHED) 32 (PUBLISHED) 33 (PUBLISHED) 34 (PUBLISHED) 35 (PUBLISHED) 36 (PUBLISHED) 37 (PUBLISHED) 38 (PUBLISHED) 39 (PUBLISHED) 40 (PUBLISHED) 41 (PUBLISHED) 42 (PUBLISHED) 43 (PUBLISHED) 44 (PUBLISHED) 45 (PUBLISHED) 46 (PUBLISHED) 47 (PUBLISHED) 48 (PUBLISHED) 49 (PUBLISHED) 50 (PUBLISHED) 51 (PUBLISHED) 52 (PUBLISHED) 53 (PUBLISHED) 54 (PUBLISHED) 55 (PUBLISHED) 56 (PUBLISHED) 57 (PUBLISHED) 58 (PUBLISHED) 59 (PUBLISHED) 60 (PUBLISHED) 61 (PUBLISHED) 62 (PUBLISHED) 63 (PUBLISHED) 64 (PUBLISHED) 65 (PUBLISHED) 66 (PUBLISHED) 67 (PUBLISHED) 68 (PUBLISHED) 69 (PUBLISHED) 70 (PUBLISHED) 71 (PUBLISHED) 72 (PUBLISHED) 73 (PUBLISHED) 74 (PUBLISHED) 75 (PUBLISHED) 76 (PUBLISHED) 77 (PUBLISHED) 78 (PUBLISHED) 79 (PUBLISHED) 80 (PUBLISHED) 81 (PUBLISHED) 82 (PUBLISHED) 83 (PUBLISHED) 84 (PUBLISHED) 85 (PUBLISHED) 86 (PUBLISHED) 87 (PUBLISHED) 88 (PUBLISHED) 89 (PUBLISHED) 90 (PUBLISHED) 91 (PUBLISHED) 92 (PUBLISHED) 93 (PUBLISHED) 94 (PUBLISHED) 95 (PUBLISHED) 96 (PUBLISHED) 97 (PUBLISHED) 98 (PUBLISHED) 99 (PUBLISHED) 100 (PUBLISHED)

(see reverse)



EL 122378242US

EL122378242US



POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date to	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day Year	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time in <input type="checkbox"/> AM <input type="checkbox"/> PM	Int'l Alpha Country Code	COD Fee Insurance Fee	Signature of Addressee or Agent		
Weight lbs. ozs.	Acceptance Clerk Initials	Total Postage & Fees \$	Name - Please Print		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			X		
CUSTOMER USE ONLY			CUSTOMER USE ONLY		
METHOD OF PAYMENT Express Mail Corporate Acct. No.			<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only: Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
Federal Agency Acct. No. or Postal Service Acct. No.			NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
FROM: (PLEASE PRINT) PHONE (414, 277-5000			TO: (PLEASE PRINT) PHONE ( )		
QUARLES & BRADY 411 E WISCONSIN AVE STE 2550 MILWAUKEE WI 53202-4497			Box Patent Application Assistant Commissioner for Patents Washington DC 20231		
Michael A. Jaskolski 250591.90112					
PRESS HARD. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov					

Mailing Label  
Label 11-F July 1997

410/ 101  
FC2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
The following documents have been received:  
APPLICATION TRANSMITTAL, FEE TRANSMITTAL,  
APPLICATION W/UNSIGNED DECLARATION, 30  
SHEETS FORMAL DRAWINGS FIGS. 1-3a-b, 4a-b, 5a-  
f, 6a-b, 7a-b, 8a-b, 9a-b, 10-12a-c, 13a-c, 14a-e, 15a-b,  
16-23  
for the following application:  
Applicant(s): DeLaHuerga, et al.  
Serial No.: 09/—, —  
Title: METHOD AND SYSTEM FOR  
AUTOMATED DATA STORAGE AND  
RETRIEVAL  
Date: February 10, 1999  
Our File: 250591.90112

jc542 U.S. PTO  
09/247349



MAJ/dlm

GR

PIPE  
MAY 21 2004  
OFFICE

2 - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All future correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26710 7590 02/18/2004

QUARLES & BRADY LLP  
411 E. WISCONSIN AVENUE  
SUITE 2040  
MILWAUKEE, WI 53202-4497

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Michael A. Jaskolski (Depositor's name)  
*[Signature]* (Signature)  
5-17-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/247,349	05/03/1999	CARLOS DE LA HUERGA	250591.90112	7519

TITLE OF INVENTION: METHOD AND SYSTEM FOR AUTOMATED DATA STORAGE AND RETRIEVAL

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	05/18/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
COBY, FRANTZ		2171	707-003000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Quarles & Brady LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

HyperPhrase Technologies, LLC

Madison Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *[Signature]* (Date) 5-17-04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

05/24/2004 SHINASS2 00000068 170055 09247349  
01 FC:2501 665.00 DA

TRANSMIT THIS FORM WITH FEE(S)